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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/696,362
Filing Date	October 30, 2003
First Named Inventor	Edward W. MERRILL et al.
Group Art Unit	1711
Examiner Name	S. Berman
Attorney Docket Number	37697-0081

Total Number of Pages in This Submission

24

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See "Remarks"
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	(1) Revocation of Power of Attorney and Appointment of New Power of Attorney (x2)	
	(2) Statement Under 37 CFR 3.73(b) (x2)	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John P. Isacson, Reg. No. 33,715 Customer No. 26633
Signature	
Date	August 1, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
Typed or printed name			
Signature		Date	

PATENT & TRADEMARK OFFICE AUG -0- 2005							
COMBINED FEE TRANSMITTAL for FY 2005 <i>Effective 10/08/2004. Patent fees are subject to annual revision.</i>							
TO/SB/17 (12-04) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h) , & (i))							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT (\$)						620.00	
METHOD OF PAYMENT (check one) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account							
Deposit Account Number:		08-1641					
Deposit Account Name:		Heller Ehrman White & McAuliffe LLP					
The Commissioner is authorized to: (<i>check all that apply</i>) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments and charge any deficiencies <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the deposit account							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES	SEARCH FEES		EXAMINATION FEES			
Application Type	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
SUBTOTAL (1)						\$	
2. EXTRA CLAIM FEES							
Entity Fee (\$)	Small Entity Fee (\$)	Fee Description					
50	25	Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent					
200	100	Each Independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent					
360	180	Multiple dependent claim, if not already paid					
Total Claims	-20** =	x	Fee from above	=	Fee Paid		
Independent Claims	-4** =	x		=			
**or number previously paid, if greater; For Reissues see below							
Multiple Dependent			=				
SUBTOTAL (2)							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)							
Total Sheets	Extra Sheets	Number of each additional 50		Fee (\$)	OR	Small Entity Fee (\$)	
-100 =	/50 =	\$250.00		x 250	OR	x 125	
SUBTOTAL (3)						\$	
SUBMITTED BY							
Name (Print/Type)	John P. Isacson			Registration No. (Attorney/Agent)	33,715		Telephone
Signature				Date	August 1, 2005		Customer No.
							26633
Complete (if applicable)							
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202-912-2000							
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